

Candidate  
Annual Report of Receipts and Disbursements  
2009

Candidate's Name Credell Calhoun  
Full Address 255 Myer Ave  
Telephone \_\_\_\_\_ Fax 601-9481217  
Contact Name Same Email \_\_\_\_\_  
Office Sought State Rep. Political Party Demo.

☐ Check here if above is different from previous report

TYPE OF REPORT

\_\_\_\_ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees  
\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	<u>500 + \$ 800</u>	<u>\$ 1300</u>	<u>\$ 2000</u>
Total amount of disbursements \$	<u>+ \$</u>	<u>\$ 150</u>	<u>\$ 150</u>
Total amount of cash on hand		<u>\$ 1850</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Credell Calhoun  
Signature of Candidate

1-28-10  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

**SEND TO:**

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED  
JAN 28 2010  
Secretary of State  
Capitol Office  
DATE STAMP

Name of Candidate or Committee \_\_\_\_\_  
 Reporting period \_\_\_\_\_ through \_\_\_\_\_

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAAE - PAC</u>	<u>1/1/</u>	\$
Mailing Address <u>2511 Robinson St</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Jackson, MS 39289-0845</u>	<u>1/1/</u>	\$
Name of Employer (Required) _____	<u>1/1/09</u>	\$ <u>500</u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500</u>

B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	<u>1/1/</u>	\$
Mailing Address _____	<u>1/1/</u>	\$
City, State, Zip Code _____	<u>1/1/</u>	\$
Name of Employer (Required) _____	<u>1/1/</u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$

C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	<u>1/1/</u>	\$
Mailing Address _____	<u>1/1/</u>	\$
City, State, Zip Code _____	<u>1/1/</u>	\$
Name of Employer (Required) _____	<u>1/1/</u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$

D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	<u>1/1/</u>	\$
Mailing Address _____	<u>1/1/</u>	\$
City, State, Zip Code _____	<u>1/1/</u>	\$
Name of Employer (Required) _____	<u>1/1/</u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$